



BOARD OF OPTOMETRY
 400 R STREET, SUITE 4090, SACRAMENTO, CALIFORNIA, 95814-6200
 (916) 323-8720 / (800) 547-4576



CONSUMER COMPLAINT FORM

FOR OFFICE USE ONLY

CASE # _____
 Action Taken _____
 OD# _____

Please Print or Type

PERSON REGISTERING COMPLAINT

Name:		Home Phone
Address:		Business Phone
City	State	ZIP Code
I authorize the State Board of Optometry to provide a copy or summary of this complaint to the optometrist, and to obtain a copy of my patient records from the optometrist if necessary.		
Signature _____		Date _____

COMPLAINT REGISTERED AGAINST

Name of the optometrist:		
Address:		Business Phone
City:	State	Zip Code

DETAILS OF COMPLAINT

<p>1. Have you discussed this matter with the optometrist?</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>When: _____</p> <p>Result: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2. Have you discussed this matter with your local optometric society, other organization or other eye care professional?</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Whom: _____</p> <p>_____</p> <p>When: _____</p> <p>Result: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>3. Have you contacted an attorney or filed a claim in Small Claims Court?</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>4. Date of eye examination and /or date of delivery of ophthalmic devices?</p> <p>_____</p>

[illegible]

6. What would you consider to be a satisfactory resolution to your complaint?

7. I certify that all information which I have given herein to be true, correct and complete to the best of my knowledge.

Signature _____ Date _____

Please attach additional information or evidence you may have to support your allegation(s) to this form.